

RECEIPT OF TRUST INPUT FORMCommonwealth of Massachusetts
Office of the Comptroller

Department/Organization Name						
Document ID						
Trans RT	Dept	R/Org	Number	RT Date	Acctg Prd	Budget FY
Action: Entry(E) Modify(M)			Bank Account	Cash Account		
Comments				Document Total		

Reference Receivable Number															
LN	Trans RE	Dept	Org	Number	LN	Fund	Dept	Approp	Sub	Org	S/Org	Rev Srce	S/Rev	Prog	Type
PRJ/CL/GRC		Rept Cat		Cust Code		Cust Loc		Cust TY		Customer Name				Remit To Code	
Line Amount		I/D	Method of Receipt		Description										

Reference Receivable Number															
LN	Trans RE	Dept	Org	Number	LN	Fund	Dept	Approp	Sub	Org	S/Org	Rev Srce	S/Rev	Prog	Type
PRJ/CL/GRC		Rept Cat		Cust Code		Cust Loc		Cust TY		Customer Name				Remit To Code	
Line Amount		I/D	Method of Receipt		Description										

Prepared By: _____ Title: _____ Date: _____
Approved By: _____ Title: _____ Date: _____
Entered By: _____ Title: _____ Date: _____
Phone #: _____